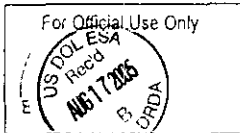


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8798	2. Fiscal Year Covered From: 1 / 1 / 2003 through: 12 / 31 / 2004
3. Name and address of person filing. Name CHRISTOPHER FITZSIMMONS P.O. Box, Bldg., Room No., if any Street 56 HALSTED AVENUE City YONKERS State NEW YORK ZIP Code + 4 10704	4. Name, file number, and address of labor organization. Name LOCAL 147 TRAINING FUND Labor Organization File Number 2112 P.O. Box, Building and Room Number, if any Street 4332 KATONAH AVENUE City BRONX State NEW YORK ZIP Code + 4 10470
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name LOCAL 147 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 4332 KATONAH AVENUE City BRONX State NEW YORK ZIP Code + 4 10470	7.a. Nature of Interest, Transaction, or Income. WAGES - W-2 - 1645 - 7.b. Amount. 1645 -

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed **Christopher J. Fitzsimmons**

On **8/09/05**
Date

Telephone Number

Name of Person Filing

CHRISTOPHER FITZSIMMONS

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☐

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

WAGES - W'2 6248 -
TRAVE + CONFERENCES 1087

14.b. Amount of payment

13.b. Is the Business an Employer ☐or Consultant ☐

?

7335

Name of Person Filing CHRISTOPHER FITZSIMMONS File Number U- _____

B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherwise of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indirectly dealing with your labor organization or with a trust in which your labor organization

contractor.
Name &
Address

8. Name and address of Business (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

W2.
contractor
Amount

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Schiravone/Shea/Frontier-Kemper

Trade Name, if any: Local 47 Tunnel Workers

P.O. Box, Bldg., Room No., if any P.O. Box 1589

Street 150 meadowlands Parkway

City Secaucus, N.J.

State New Jersey ZIP Code + 4 07094-1589

14.a. Nature of payment

wages - W2
6576.11

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment

6576.11

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Schiavone/Frontier-Kemper/Shea</p> <p>Trade Name, if any: Local 147 Tunnel Workers</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 1589</p> <p>Street 150 Meadowlands Parkway</p> <p>City Secaucus</p> <p>State New Jersey ZIP Code + 4 07094-1589</p>	<p>14.a. Nature of payment.</p> <p>Wages W²</p> <p>74272.34</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/></p>	<p>14.b. Amount of payment.</p> <p>74272.34</p>